

Registration Form
26th Becoming an Outdoors-Woman Workshop
April 4-6, 2014

Only one person may register per form and you must be at least 18 years old. Please photocopy for additional registrants.

Please Print

Name _____

E-Mail: _____

Address _____

City/State/Zip _____

Phone: Evening (_____) _____

Day or Cell: (_____) _____

Circle One:

Night Owl Morning Glory Sleepy Hollow
(Party Dorm) (Intermediate Dorm) (Quiet Dorm)

A band will play behind the dorms on Friday night till 11pm

Lodging: Preferred Roommate (list up to 2 persons only)

This is my 1st, 2nd, 3rd, 4 or more La. BOW Workshops.
(Circle One)

T-shirt size (circle one) Sm Md Lg XL 2X 3X
(If a 3X is not available we will substitute it with a 2X.)

Circle yes to be placed on the carpool list. (circle) YES

REMEMBER: The Firearms & Firearm safety class is a
Prerequisite for all gun classes. Indicate here if you have taken
this class in the past.

____yes ____no, or list your
Hunter Ed Certification Number _____.

Special needs: _____

If you have specific dietary needs (ex. Vegetarian) you may wish to bring
your own food to supplement what is provided.

Circle no if you DO NOT eat boiled crawfish. (circle) NO

SESSIONS

READ Course Description First

List 1-9 for each session

Delayed registration may occur if not numbered completely.

If a session is left blank your form will not be processed.

Session I Friday 1:30 pm - 5 pm

- ____1. Firearms & Firearm Safety
- ____2. *Wilderness Survival
- ____3. Those Dam Beavers
- ____4. Intro to Archery
- ____5. Kayaking 101
- ____6. ***Wood Duck Carving
- ____7. Backpacking 101
- ____8. Game Cleaning
- ____9. Hear A Duck, There A Duck

Session II Saturday 8 am - 11:30 am

- ____10. Outdoor Photography
- ____11. Talking Turkey
- ____12. Campfire Cuisine
- ____13. Basic Camp Cooking
- ____14. Gator Done
- ____15. Rifle Markswomanship
- ____16. Intro to Shotgun
- ____17. **Horseback Riding
- ____18. The Life of a Fur Trader
- ____19. Intro to Fishing

Session III Saturday 1:30 pm - 5 pm

- ____20. Compass Skills
- ____21. Reading the Night Sky
- ____22. Basic Handguns
- ____23. Living with La. Wildlife
- ____24. Backyard Wildlife
- ____25. **Horseback Riding
- ____26. Now That I've Caught It, What Is It,
And What Do I Do With It?
- ____27. Bucks and Does
- ____28. Kayaking 101

Session IV Sunday 8 am - 11:30 am

- ____29. Where Am I?
- ____30. Birdwatching
- ____31. Outdoor Women of the 1800's
- ____32. Falconry
- ____33. Boating/Trailering
- ____34. Beginning Fly-fishing
- ____35. Meet the Trees of the Forest
- ____36. Caught on Camera !
- ____37. Basic Camping Skills
- ____38. Outdoor Personal Protection

Regular Check In: 10 am - 11 am Friday

Welcome: 11:30 am - 12 Noon

Lunch: 12 Noon

ACCOMMODATIONS - Lodging is dormitory style with bunk beds housing 28 participants per dorm with air conditioning. One large central bath house is located between the dorms. Linens, blankets and pillows are not provided. Bring bedding and toiletry items. Meals are served cafeteria style and will be served at the designated times.

WORKSHOP FEE \$200 includes all meals and lodging, class instruction, program materials, use of demonstration equipment, and evening entertainment. Registration is taken on a first come, first serve basis, with space limited to 125 participants. No registration will be accepted by telephone, fax, or e-mail. Upon receipt of your registration and payment, you will be sent a confirmation with a map to Camp Grant Walker. We do not accept credit cards or cash.

Make checks payable to: LOUISIANA WILDLIFE AND FISHERIES FOUNDATION or LWFF.

REFUND POLICY

CANCELLATION DEADLINE is, March 14, 2014. If you cancel by March 14, 2014 you will receive a 50% refund.

Registrants who do not attend and do not cancel by the above date will not receive a refund. Cancellations must be in writing.

You may e-mail it to dnorsworthy@wlf.la.gov or fax it to 318-345-0797.

Complete and send registration and fee to:

La. Dept. of Wildlife and Fisheries (BOW)

ATTN: Dana Norsworthy

368 CenturyLink Drive

Monroe, LA 71203

Checks are to be made payable to: Louisiana Wildlife and Fisheries Foundation or LWFF

Checks not written out to the foundation will be returned.

In registering for the Louisiana BOW workshop participants understand and agree that by attending this program photographs may be taken during the sessions and may be used in future support of the program.

COME PREPARED FOR RAIN OR SHINE

Suggested Items:

Comfortable outdoor clothing	old shoes	long sleeved shirts	long pants
sun screen	raincoat	cap	camera & film
insect repellant	alarm clock	camping chair	pillow
toiletry items	washclothes	towels	bedding
water bottle	binoculars	flashlight & extra batteries	

IT'S CALLED "LOUISIANA STYLE"

SPONSORED BY THE LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES

LIABILITY / MEDICAL RELEASE

In consideration of the benefit received from my participation in the BOW Program and associated activities I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers for injury or damage to my person or property resulting from my participation in BOW activities. I further release and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, causes of action, expense and liability arising out of injury or death to my person as a result of my participation in the Beyond BOW and associated activities.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from the property.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of LDWF.

Signature of Participant

Date

MEDICAL HISTORY QUESTIONNAIRE (MANDATORY)

Name: _____ Date of Birth: _____ Sex: _____

Address: _____ City/State/Zip _____

Phone:(_____) _____

Emergency Contact: _____ Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

ALL INFORMATION WILL BE CONFIDENTIAL

The below information could be life saving if an accident or injury occurs. This questionnaire is VOLUNTARY.

Please List:

Current Medications: _____

Allergies / Asthma (include medications): _____

Circle if you are being treated for any of the following:

Diabetes

High Blood Pressure

Seizures

Heart / Lung / Kidney Disease

When was your last Tetanus Toxoid inoculation? _____

THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Participant

Date